

## Images in Clinical Tropical Medicine

### A Case of Loxoscelism in Southern France

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An 80-year-old man living in Fréjus in southern France had a cellulitis on the right arm (Figure 1). The patient had no fever, chills, systemic symptoms, or other clinical signs. He felt a slight pain in his arm during the night and while folding his arm, he crushed a spider. The spider's body was immediately recovered and then identified by an entomologist (Figure 2). This typical skin lesion and the spider identification defined this spider bite as an envenomation by a *Loxosceles* sp. spider.<sup>1</sup> The outcome was good after only antalgic treatment.

Infections with herpes zoster virus, herpes simplex virus, and Panton-Valentine toxin-positive *Staphylococcus aureus* can be misdiagnosed as necrotic arachnidism.<sup>1</sup> Nevertheless, the characteristic red, white, and blue sign visible for the first few days (Figure 1) has been associated with loxoscelism. This sign is a consequence of erythema, ischemia, and thrombosis observed from the periphery to the center of the lesion. *Loxosceles rufescens* was suspected because it is endemic to Mediterranean regions (*L. reclusa* is not endemic to this region).<sup>2</sup>

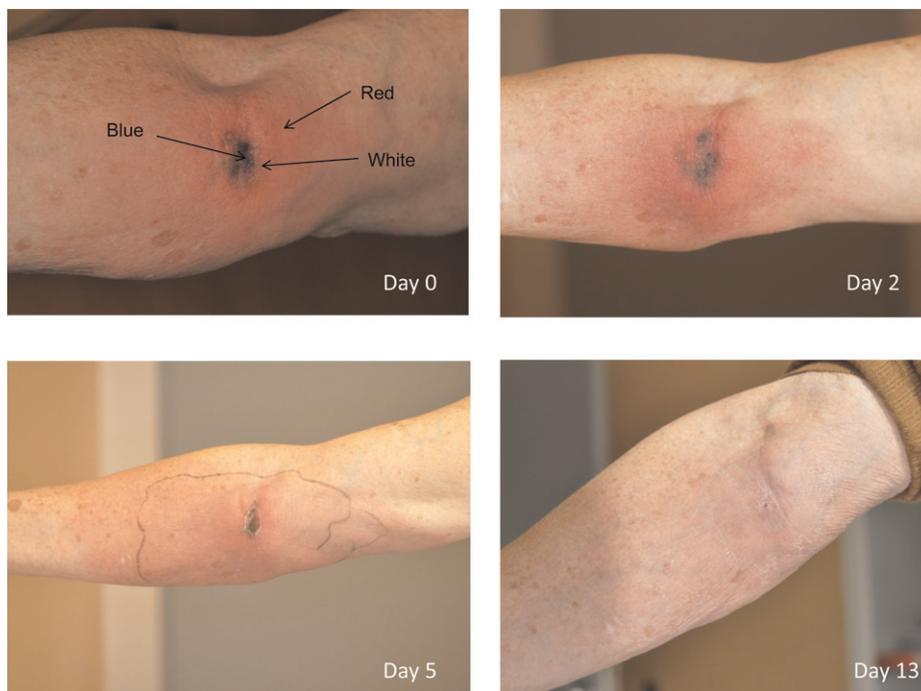


FIGURE 1. Skin reaction after a *Loxosceles* sp. spider bite, showing the red, white, and blue sign (arrows), day 0–13, southern France.

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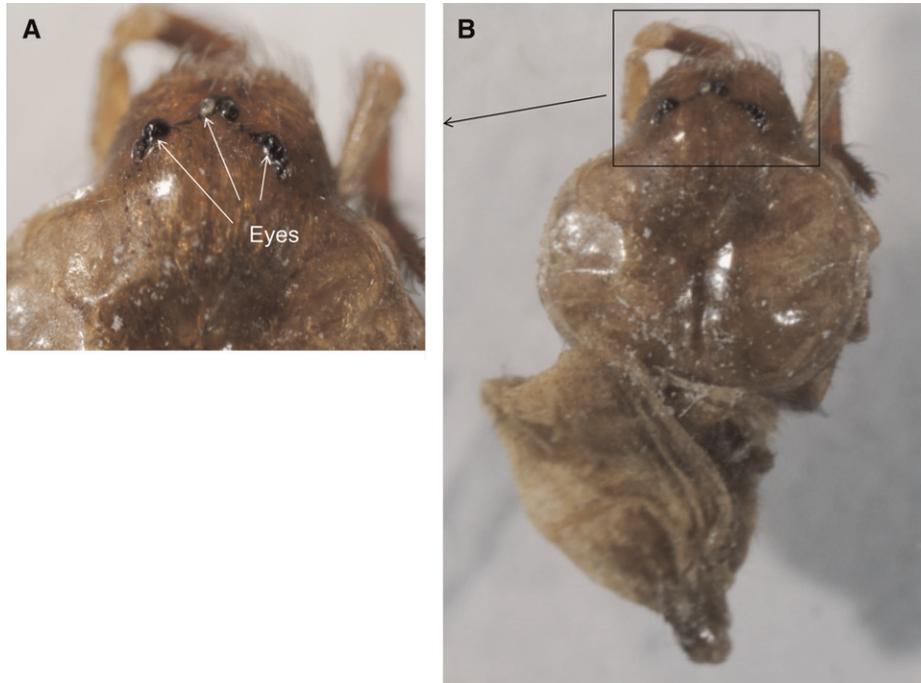


FIGURE 2. **A**, Enlargement of the head and eyes of the spider in **B**. Identification of the genus *Loxosceles* was based on six eyes in a curved row on the upper part of the body (prosoma). The species *L. rufescens* can be suspected because of the geographic location (southern France).

Received May 25, 2012. Accepted for publication October 7, 2012.

Acknowledgment: We thank Christine Rollard (Département de Systématique et Evolution, Unité de Taxonomie Collection, Section Arthropodes, Muséum National d'Histoire Naturelle, Paris, France) for help in identification of the spider.

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